

POSITION	ID NO.	DATE
CLASSIFIER		
EXAMINER		
TYPIST		
VERIFIER		
CORPS CORR.		
SPEC. HAND		
FILE MAINT.		
DRAFTING		

### INDEX OF CLAIMS

Claim	Date											
	Final	Original	1/2	1/4	1/6	1/8	1/10	1/12	1/14	1/16	1/18	1/20
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#### SYMBOLS

- ✓ Rejected
- Allowed
- (Through numerals) Canceled
- + Restricted
- N Non-elected
- I Interference
- A Appeal
- O Objected

Claim	Date											
	Final	Original	1/2	1/4	1/6	1/8	1/10	1/12	1/14	1/16	1/18	1/20
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